



CFR-D MANUAL, CHAPTER 6
OFFICE OF MEDICAL AFFAIRS DIRECTIVE 2014-05A
October 3, 2014

EBOLA VIRUS DISEASE (EVD) ADVISORY (ADDENDUM)

1. PURPOSE

- 1.1 To increase the awareness by all EMS providers of the concerns associated with treating and transporting patients who may have Ebola Virus Disease (EVD)

2. SCOPE

- 2.1 This directive applies to all FDNY EMS providers (CFRs, EMTs and Paramedics) and Voluntary Hospital ambulance personnel who provide prehospital emergency medical treatment in the New York City 911 system.

3. BACKGROUND

- 3.1 Human to human transmission of EVD occurs through direct contact with body fluids (saliva, blood, breast milk, sweat, semen, and other body substances – such as fecal material and vomitus – contaminated with blood) or following contaminated sharps injuries (e.g. needle sticks). Airborne transmission of the virus may occur during aerosol-generating procedures.
- 3.2 Patients are not contagious prior to the development of symptoms. Patients can transmit the virus from onset of fever and through later stages of the disease, as well as post mortem.
- 3.3 EVD symptoms can appear from 2 to 21 days after exposure with 8 to 10 days being the most common. Symptoms typically include: fever, headache, myalgia (muscle pain), arthralgia (joint pain), diarrhea, vomiting, and abdominal pain. Some patients may also experience: rash, conjunctival injection (redness and swelling), cough, pharyngitis (sore throat), chest pain, dyspnea, and hemorrhagic symptoms (conjunctival hemorrhage, easy bruising, GI bleeding).
- 3.4 The largest ever EVD outbreak currently is taking place in the West African countries of Guinea, Liberia, Sierra Leone, Nigeria and Senegal. EVD may spread to other countries before the outbreak is contained. An updated list from the CDC is maintained at <http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html>

4. PROCEDURE

- 4.1 EMS providers must be alert for and suspect patients as possibly having EVD who have (1) fever and/or any of the symptoms listed above and (2) have traveled to one of the West African countries affected by the EVD outbreak within the three weeks prior to the onset of symptoms.

- 4.2 *All members should don their PPE and maintain universal precautions prior to making patient contact for all assignments where the call-type has an **FT (fever/travel)**, **RF (rash/fever)** or **FC (fever/cough)** suffix.*
- 4.3 Prior to patient contact, to the extent possible, standing three (3) feet back, ask the patient regarding recent travel to West African countries outlined above. If positive response, all EMS providers shall maintain standard, airborne and contact precautions (gloves, N95 respirator, eye protection [goggles or face shields], shoe covers, **PPE/Bunker pants** and gown) when treating any patient suspected of being a disease transmission risk.
- 4.4 Patient assessment and treatment shall be initiated according to Department policies and procedures and REMAC protocols.
- 4.5 If the patient is coughing, have the patient wear a surgical mask to limit droplet transmission. Patients should not wear an N-95 respirator. If indicated, administer high concentration oxygen via non-rebreather mask (NRB).
 - 4.5.1 Fit-tested N-95 respirators, eye protection (goggles or face shields), **PPE/Bunker pants** and gowns should ALWAYS be worn by EMS personnel performing aerosol-generating procedures on patients with febrile respiratory illness. Aerosol-generating procedures include nebulized treatments, intubation, tracheal suctioning, and laryngoscopy.
 - 4.5.2 Administration of nebulized (aerosolized) medications (e.g. Albuterol) may only be done via a nebulizer with a one-way valve (e.g. Aeroclipse II Breath Actuated Nebulizer) or via a disposable metered dose inhaler (MDI) with spacer.
 - 4.5.3 Use of the bag valve mask and endotracheal intubation may continue per current REMAC protocols unless otherwise notified through future directives.
- 4.6 Patients shall be transported to the closest, appropriate 911 Ambulance destination following all current Department policies and procedures.
 - 4.6.1 If contacted by the Department of Health and Mental Hygiene (DOHMH), OLMC will honor a request for transport to a specific hospital designation identified by DOHMH.
- 4.7 Providers shall give a hospital notification through the EMD notification frequency for any patient with possible EVD.
 - 4.7.1 **ONLY** the patient is to be transported in the ambulance (i.e., no other individuals besides the crew) unless the patient is a minor, in which case parents or guardians may accompany the patient.
- 4.8 *Aggressive hand washing* with soap and water immediately following patient contact *is essential* in limiting disease transmission.
- 4.9 All disposable materials should be red bagged and whenever possible left at the destination hospital.

- 4.91 Members shall clean all non-disposable equipment used in the treatment of the patient in accordance with FDNY Infection Control Program procedures.

NOTE: *PPE/Bunker pants do not need to be decontaminated unless there is known contact with, or visible evidence of bodily fluids.*

During cleaning of non-disposable equipment, members should wear gloves, surgical mask or N95 respirator, eye protection, shoe covers and gown.

NOTE: *Following the use of PPE, exercise caution when removing protective garments to prevent contamination with body fluids.*

5. ADDITIONAL UPDATES

- 5.1 Will be provided as new information and recommendations become available.

6. RELATED PROCEDURES

- 6.1 EMS OGP 108-15 – *Aeroeclipse II Breath Actuated Nebulizer*
- 6.2 EMS OGP 109-13 – *Hospital Notifications Frequency*
- 6.3 EMS OGP 115-08 – *Delivery of Patients to an Appropriate Hospital*
- 6.4 EMS OGP 125-04 – *Infection Control Procedures*
- 6.5 EMS OGP 125-09 – *Respiratory Protection Program*
- 6.6 MAD 2010-02 – *Aeroeclipse II Breath Actuated Nebulizer*
- 6.7 CFRD Manual Chapter 3 – *Infection Control Procedures*
- 6.8 NYS DOH Policy Statement 03-11, *Respiratory Disease Precautions*

**BY ORDER OF THE FIRE COMMISSIONER, CHIEF OF DEPARTMENT,
CHIEF OF EMS AND THE OFFICE OF MEDICAL AFFAIRS**